FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000038853 (4)

1. Corporation Name

CONTINENTAL FOOD SALES & TRADING CO.

Principal Place of Business	Mailing Address
1241 S.W. 124TH CT. SUITE E MIAMI FL 33184	1241 S.W. 124TH CT. SUITE E MIAMI FL 33184

2. Principal Place of Business	2a. Mailing Address
21 210 S.W. 15th Road	26 210 S.W. 15th Road
Suite, Apt. #, etc. 22 Suite # 400	Suite, Apt. #, etc. 27 Suite # 400
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33129 — Country 25 USA	Zip 29 33129 — Country 30 USA

3. Date Incorporated or Qualified: 05/16/1995
3a. Date of Last Report:
4. FEI Number: 65-0580552 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

POINCOT, JUAN C
1241 S.W. 124TH CT.
SUITE E
MIAMI FL 33184

10. Name and Address of New Registered Agent

81 Name: Juan Carlos Poincot
82 Street Address (P.O. Box Number is Not Acceptable): 540 Brickell Key Drive
83 Apt. #620
84 City: Miami FL 85 Zip Code: 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______________________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	PVST	☐ DELETE
NAME	POINCOT, JUAN C	
STREET ADDRESS	1241 S.W. 124TH CT.	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	D	☐ DELETE
NAME	POINCOT, JUAN C	
STREET ADDRESS	1241 S.W. 124TH CT.	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PVST	XX Change ☐ Addition
1.2 NAME	POINCOT, JUAN C.	
1.3 STREET ADDRESS	540 Brickell Key Dr. # 620	
1.4 CITY-ST-ZIP	Miami, FL 33131	
2.1 TITLE	D	XX Change ☐ Addition
2.2 NAME	POINCOT, JUAN C.	
2.3 STREET ADDRESS	540 Brickell Key Dr. # 620	
2.4 CITY-ST-ZIP	Miami, FL 33131	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ______________________ 04/27/96 (305)285-7048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)